

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee FP1 Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 07 / 2020
Mailing Address 3001 Washington Blvd 7th Floor		Amount 800.00
City Arlington	State VA	Zip Code 22201
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Transaction ID : SE.16027 Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2020
Name of Federal Candidate TRUMP, DONALD J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FP1 Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 07 / 2020
Mailing Address 3001 Washington Blvd 7th Floor		Amount 800.00
City Arlington	State VA	Zip Code 22201
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Transaction ID : SE.16030 Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2020
Name of Federal Candidate BUTTIGIEG, PETE, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1600.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 07 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee FP1 Strategies, LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 07 / 2020</div> </div>	
Mailing Address 3001 Washington Blvd 7th Floor		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">800.00</div>	
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.16034 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 01 / 13 / 2020</div> </div>
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	
Name of Federal Candidate SANDERS, BERNARD, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1600.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee FP1 Strategies, LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 07 / 2020</div> </div>	
Mailing Address 3001 Washington Blvd 7th Floor		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">800.00</div>	
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.16038 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 01 / 13 / 2020</div> </div>
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	
Name of Federal Candidate WARREN, ELIZABETH, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">2400.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1600.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 07 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	3	OF	5
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee FP1 Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 07 / 2020	
Mailing Address 3001 Washington Blvd 7th Floor		Amount 800.00	
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.16041
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2020	
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FP1 Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 07 / 2020	
Mailing Address 3001 Washington Blvd 7th Floor		Amount 1169.58	
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.16043
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 05 / 2020	
Name of Federal Candidate TRUMP, DONALD J., , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1969.58
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 07 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	4	OF	5
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee FP1 Strategies, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 3001 Washington Blvd 7th Floor		Amount <input type="text"/>	
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.16045
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate BUTTIGIEG, PETE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee FP1 Strategies, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 3001 Washington Blvd 7th Floor		Amount <input type="text"/>	
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.16047
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate SANDERS, BERNARD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 / /

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee FP1 Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 07 / 2020
Mailing Address 3001 Washington Blvd 7th Floor		Amount 1169.58
City Arlington	State VA	Zip Code 22201
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Transaction ID : SE.16049 Date of Disbursement or Obligation MM / DD / YYYY 02 / 05 / 2020
Name of Federal Candidate WARREN, ELIZABETH, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 6708.74		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee FP1 Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 07 / 2020
Mailing Address 3001 Washington Blvd 7th Floor		Amount 1169.58
City Arlington	State VA	Zip Code 22201
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Transaction ID : SE.16052 Date of Disbursement or Obligation MM / DD / YYYY 02 / 05 / 2020
Name of Federal Candidate BIDEN, JOSEPH R JR, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 7878.32		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2339.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	9847.90

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 07 / 2020

Signature